

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Americas PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alpha Media Salina</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2016</b>	
Mailing Address <b>131 N. Santa Fe 3rd Floor</b>		Amount <b>10530.00</b>	
City <b>Salina</b>	State <b>KS</b>	Zip Code <b>67401</b>	Transaction ID : <b>SE.4592</b>
Purpose of Expenditure <b>Media Purchase</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 12 / 2016</b>
Name of Federal Candidate <b>TIMOTHY A REPRESENTA HUELSKAMP</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>10530.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>KBUF</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2016</b>	
Mailing Address <b>1402 E. Kansas Ave.</b>		Amount <b>3120.00</b>	
City <b>Garden City</b>	State <b>KS</b>	Zip Code <b>67846</b>	Transaction ID : <b>SE.4593</b>
Purpose of Expenditure <b>Media Purchase</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2016</b>
Name of Federal Candidate <b>TIMOTHY A REPRESENTA HUELSKAMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3120.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>13650.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 15 / 2016**

Signature